



## Consent for Silver Diamine Fluoride (SDF)

### Facts for consideration:

1. Silver diamine fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity. SDF application every six to 12 months may be necessary.
2. The procedure:
  - Dry the affected area
  - Apply a small amount of SDF on the affected tooth
  - Allow SDF to dry for one minute
  - Rinse
3. Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate fee.
4. I should be treated with SDF if:
  - I am allergic to silver
  - There are painful sores or raw areas on my gums or my mouth

### Benefits for receiving SDF:

1. SDF can help stop tooth decay
2. SDF can help relieve sensitivity

### Risks related to SDF include, but are not limited to:

1. The affected area will stain black permanently. Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or a crown.
2. Tooth colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surfaces can normally be polished off. The edge between a tooth and a filling may keep the color.
3. If accidentally applied to the skin or the gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear one to three weeks.
4. You may notice a metallic taste. This will go away rapidly.
5. If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment such as repeat SDF, a filling or crown, root canal treatment or extraction.
6. These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
7. Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedures will not stop the decay and no guarantee of success is granted or implied.

I understand the recommended treatment for my condition, the risks of such treatment, any alternatives and risks, as well as the consequences of doing nothing. All of my questions have been answered, and I have not been offered any guarantees as to the outcome of treatment.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_